CPA CONNECTICUT PHARMACISTS ASSOCIATION

Statement Before
The Committee on Aging
Tuesday, February 5, 2013

Re: HB 5767: An Act Concerning Synchronizing Prescription Refills

Good Afternoon Senator Ayala, Representative Serra and members of the Committee on Aging. My name is Marghie Giuliano. I am a pharmacist and the Executive Vice President of the Connecticut Pharmacists Association. The Connecticut Pharmacists Association is a professional organization representing 1,000 pharmacists in the state of Connecticut. I am here today to testify in ***strong support of HB 5767: AAC Synchronizing Prescription Refills***.

This proposed legislation prevents insurers from denying coverage of a prescription refill if it is part of a medication synchronization program developed by a prescriber and pharmacist for a patient to synchronize the filling/refilling of their prescription medications. This type of program can contribute to increased adherence/persistence by the patient.

Medication adherence/persistence is just one of several concerns surrounding patients on complex medication regimens. Prescribers and pharmacists know that if a patient isn't taking their medications for chronic conditions properly, or discontinues taking their medication, it can lead to serious and costly health care complications such as adverse drug events and hospital re-admissions. Pharmacists are in a unique position to help avert the impact to the health care system and to patients. They can design and implement programs as part of their prescription workflow that can improve adherence/persistence and ***coordinate*** patient care.

The Medication Synchronization Program or Appointment Based Model (ABM) program was designed by a pharmacist in Long Beach, California in 1995. The Alliance for Patient Medication Safety (APMS), a supporting organization of the National Alliance of State Pharmacy Associations (NASPA) then further developed this model into a system that can easily and quickly be integrated into most pharmacies' workflow.

Two recent studies (NASPA ABM Pilot[i] and L&S Pharmacy[ii]) provide evidence on the value of the Appointment Based Model. Some key findings from the two studies were:

- 57% of the non-persistent patients became persistent after 12 months in the ABM
- The percentage of persistent refills in the non-persistent patients increased from 59% prior to the ABM to 76% after implementation
- Of the patients in the persistent group, 90% continued to remain persistent throughout the entire twelve months of the study

There was a 30% increase in the number of prescriptions dispensed in the post-intervention subgroup (L&S)

Some of the advantages of this program include:

- Increased convenience for the patient or caregiver – a single monthly trip to the pharmacy;
- Increased awareness for the caregiver/children of all of the medications their elderly parents are taking;
- Increased personal contact with the pharmacist to ask questions and discuss medications;
- Increased understanding of the medication, its purpose, potential side effects and cost.

Patients in the ABM program select a day and time of the month that is convenient for them to pick up or have their medications delivered. The pharmacy contacts the patient a week before the patient is due to come in to remind the patient that their medication will be ready and to see if there have been any changes in medications or if there has been any event (i.e. hospitalization) that might impact medication use. The pharmacy then has a week to coordinate care processes to make sure all medications will be in stock, to coordinate any changes with the prescriber and to update the patient's records.

When a patient comes in with a new medication for a chronic disease it becomes critical that this new medication be synchronized with the patient's current date to pick up medications. This might encompass having to change the quantity of the **new prescription** so that it will "come due" when all the other prescriptions come due.

Therefore, this proposed language should be amended in line 6 and in line 15 to state that no insurer shall deny coverage for the filling or refilling or for changing quantities on new prescriptions for a patient that is part of a medication synchronization program.

CPA would also recommend that the proposed language be amended to require that health plans pay pharmacies a care coordination fee for patients that are enrolled in a medication synchronization program. Similar to how pharmacists are paid an administration fee when providing vaccines, pharmacists need to be paid to coordinate medication synchronization for patients with complex medication regimens.

The CPA is very supportive of this proposed legislation. This is an example of care coordination that pharmacists can provide in the healthcare system, and health insurers, other payers and patients would benefit by working with pharmacists to develop other strategies and incentives to achieve healthier patient outcomes.

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[i] Holdford, D. A., & Inocencio, T. (2011, April). *Patient Centric Model: Pilot Data Analysis Report.* Retrieved from National Alliance of State Pharmacy Associations: http://www.naspa.us/documents/grants/abm/NASPA%20Report%204-08-2011%20Final%20Reports.pdf

[ii] Logan, T., & Armstrong, T. A. (2010, December). *Impact of Mind Your Medicine Program on Persistence and Adherence: A Descriptive Report.* Retrieved from National Alliance of State Pharmacy Associations: http://www.naspa.us/documents/grants/abm/L%20%20S%20Adherence%20Write-up%20UPDATE%2012-22-10.pdf